

5. CHANNELS OF COMMUNICATION AND MESSAGES

In this section, you will find information on how to:

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a. Identify communication channels to the public, stakeholders and partners¹

Background: Importance of Identifying Appropriate Communication Channels During a Public Health Emergency

The public expects access to its government during an emergency. One of the most effective ways to give them this access is through e-mail and toll-free information telephone lines. As a public health crisis evolves beyond 24 to 48 hours, the demand for information outside traditional media channels—radio, TV, newspaper, and news websites—increases. Your agency must choose the right method of delivery to address various audiences.

Effective communication with your audiences depends on selecting methods of communication that will reach them. This is especially important in health risk communication, where your target audience can become disenfranchised quickly if they do not feel they are getting the details that they need.

Message delivery channels include:

- **Face-to-face** (e.g., health care professional to patient, or your organization's staff member to state partner organization or individuals in the community)
- **Group delivery** (e.g., small group or public meetings)
- **Organizational** (e.g., constituents of influential community organizations)
- **Mass media** (e.g., radio, television, newspaper, or direct mail)
- **Community** (e.g., employers, schools, malls, health groups, or local government agencies)
- **Combination of any or all of these** (this is most likely to work best)

Steps for Deciding on the Most Appropriate Channels of Communication

1. Define your target audience(s). Who needs to get information from your agency? During an emergency, you will try to reach as many people as possible in your jurisdiction, including special populations who may not receive messages through conventional media such as TV and radio.
2. Considering the nature of the public health emergency and your target audience(s), decide on the most appropriate channels of communication. For the most effective communication during an emergency, **use multiple channels** of communication. Questions to ask:

¹ Source: United States Centers For Disease Control and Prevention. 2002. *Crisis and Emergency Risk Communication*.

- Which channels (mechanisms) are most appropriate for the health risk problem/issue and messages?
- Which channels will the target audience find credible and accessible?
- Which channels fit the program purpose (e.g., inform, influence, allay fears, influence attitudes, or change behavior)?
- Which channels and how many channels are feasible, considering your schedule and budget?

Tools for Deciding on the Most Appropriate Channels of Communication

1. Identifying Specific Communication Tools. Use this information to compare the pros and cons of various channels of communication during and after a public health emergency.

Identifying Specific Communication Tools

Use this information to help your agency decide which communication channel(s) will be most appropriate during a public health emergency. The communication tools you will use depend on your audience, how participants prefer to receive information, and the information you need to communicate. Possible tools include:

Public telephone and e-mail services

Consider the following when planning for toll-free number services (or building capacity in-house).

- Decide between rapid expansion of an existing phone number or a “new” toll-free number generated specifically for the emergency.
- The service must be expandable in terms of number of calls managed per hour or day and the hours of operation.
- The toll-free number must be answered by trained people who can reassure callers, provide requested information, and/or refer callers as needed.
- Pre-cleared materials on multiple subjects should be easily accessible during an emergency. The following are concerns about pre-developed materials:
 - Materials must be specific to the emergency and the community impact.
 - They must be easy to read and understand.
 - They must be available in multiple languages based on community needs.
 - They must be field tested for cultural sensitivity and preferences.
- Standards of performance and evaluation should be considered: customer satisfaction, response capacity, accuracy, etc.
- Call managers must be able to quickly integrate new information into their emergency responses.

If you choose to use e-mail to answer inquiries from the public, state up front how long it will be before an individual receives a response to an e-mail (2 hours, 24 hours, same week). Provide an alternate method for reaching your organization if the need is more urgent. Be sure to advise people to seek out their health care providers or 911 for a personal medical emergency.

Briefings

A briefing is a session with key state and local officials, media representatives, and community leaders. Agency staff conducts sessions in person. Briefings help to notify key state and local officials, media representatives, and community leaders of developments at the site, such as results of studies or actions that should be taken to protect health. A briefing can be used to introduce your organization and explain its role and work process. Briefings are not usually open to the general public.

Conducting a briefing

- Schedule the briefing in a small public room, such as a hotel meeting room or a conference room.
- Hold the briefing in a neutral location, particularly when dealing with an antagonistic situation.
- Prepare a factsheet or question and answer sheet.
- Present a short, official statement about the agency's findings, health concerns, or recent developments.
- Use simple language.
- Avoid jargon, acronyms, and overly technical terms.
- Answer questions about the statement.
- Work with your organization to coordinate briefings.

Benefits of a briefing

- Allows state and local officials, the media, and citizens to question your organization directly about any activity before the public release of information
- Prepares officials and citizen leaders to answer questions from their constituents when the information becomes public
- Allows for the exchange of information and concerns.

Limitations of a briefing

- Although briefings can be effective, they could become the only means of communicating with site communities. Briefings should always be complemented by activities to inform the general public, such as small group or public meetings.
- Negative feelings or bad publicity could result if some people believe that they should be invited to the briefing and are not. Be sure not to exclude such persons or convey favoritism toward certain parties.

Community mailings

A community mailing sends information to key contacts and concerned or involved members of the community. It disseminates information quickly and easily in writing, and it is particularly useful when you have updates for the community. If the updates are straightforward, non-controversial, and easy to understand, the mailing can stand on its own.

However, if the updates are more complicated and require discussion or further explanation, the mailing should augment a public meeting or small group meetings. The community mailing can announce upcoming meetings and provide advance information or serve as a follow-up for people who did not attend previous meetings.

Developing a community mailing

Compile a mailing list and include:

- Local stakeholders and partners (check with city clerk for assistance)

- Community leaders (check with local chamber of commerce)
- Local residents of the site area (check with city clerk for assistance)
- Community members who have signed up to receive information.

Creating mailing materials

Include:

- A cover letter that introduces you, briefly explains the purpose of the mailing, and provides contact information for comments or questions
- A fact sheet, newsletter, report, or other documents
- First-class postage to deliver the mailing quickly.

Benefits of a community mailing

- Enables you to deliver information quickly and may require less planning time than conducting a meeting.

Limitations of a community mailing

- Allows no interaction or opportunity for community members to ask questions

Exhibits

Exhibits are visual displays of maps, charts, diagrams, or photographs, and can help illustrate health issues and proposed actions in a creative and informative display. Effective exhibits can make technical information accessible and understandable.

Developing an exhibit

- Identify the target audience and the message. Possible audiences include:
 - General public
 - Concerned citizens
 - Media representatives
 - Public officials.
- Possible messages include:
 - Description of the health risk
 - Historical background information related to the issue
 - Community relations activities
 - Proposed remedies and actions to protect community health.

Creating an exhibit

- Determine where it will be placed, preferably in a highly visible location—a public library, convention hall, or shopping center—especially if your target audience is the citizens of the town.
- Set up a temporary exhibit at a public meeting if a segment of concerned community members is the target audience.
- Design it according to the message to be transmitted.
- Include photos or illustrations. Use text sparingly.

- Keep it simple and visual. A bulletin board could suffice, if appropriate.
- Staff the exhibit with someone to answer questions, guide people through complicated issues, and gain informal feedback.

Benefits of an exhibit

- Stimulates public interest and understanding
- Creates visual impact and leaves a lasting impression

Limitations of an exhibit

- Exhibits are a one-way communication tool and do not provide an opportunity for community feedback.

Flyers

A flyer is a brief report summarizing current or proposed activities. Flyers are appropriate whenever new information is available.

Flyers can be useful for:

- Introducing your organization and explaining its role
- Explaining associated health risks
- Guiding community members in precautionary health actions
- Announcing new findings
- Dissemination at public meetings or community gatherings.

Types of information in a flyer

- Explanation of the triggering event that caused the health risk situation
- Timetable for the proposed actions
- Description of the health issues or problems
- Description of the health actions necessary
- Description of public participation opportunities
- Name, address, and phone number of your organization's contact person who can provide additional information on request

Presenting the information

- Select a simple format.
- Be concise—avoid jargon, acronyms, or highly technical language.
- Provide written information (e.g., a press release summarizing your announcement, fact sheets, copies of your prepared statement, and biographies of your speakers).
- Open the conference to questions for organization officials, local officials, and technical staff.

Benefits of a flyer

- Effective in briefly summarizing facts and issues
- Provides background for information discussed during a meeting

Limitations of a flyer

- Is a one-way communication tool
- Requires careful writing and coordination between making technical information easy to understand and message delivery

Newsletters

A newsletter is a publication that informs community members about activities, findings, health precautions, and other information concerning a health assessment.

Newsletter topic areas

- Overview of your organization and background of its involvement at the site
- Plans for your organization's onsite work and findings, if available
- Health guidelines, if applicable
- Upcoming activities and previous organization activities, if any, that have taken place in the community
- Frequently asked questions and answers
- Contact information for your organization

Newsletter design

- Use simple, understandable language with headlines, boxes, lines, type variations, and other effects to make the newsletter attractive and easy to read.
- Establish a 4-page limit (an 11-by-17-inch sheet of paper folded in half makes a good 4-page newsletter).
- Ask someone not involved in the project to test-read the newsletter and provide feedback on message clarity.
- Use two colors if resources allow.
- Photocopy or print the newsletter.

Mail the newsletter to your mailing list and/or distribute it at public or small group meetings. If there is a central gathering place in the community, ask to leave copies there for community members.

Benefits of a newsletter

- Explains your work and findings to the community
- Allows you to deliver a written document that community members can keep and refer to later

Limitations of a newsletter

- Can backfire if community members do not understand or are angered by what you have written
- Does not give community members the opportunity to ask questions. (Always include contact information in your newsletter so people have a way to ask questions.)

Open houses/availability sessions/poster sessions

An open house or availability session is an informal meeting where community members can talk to agency staff one-on-one. It is most appropriate when key milestones or major decisions have been reached.

Conducting an open house/availability session

- Determine community interest in the site before planning an open house.
- Select a date, time, and location for the open house. To encourage attendance, choose evening hours or weekends at an easily accessible building familiar to residents (e.g., a public library or local meeting room).
- Anticipate the number of attendees and plan accordingly. Consider holding two open houses if necessary to enable staff to greet and talk with each attendee. One staff member per 15–20 attendees generally fosters an informal atmosphere for conversation and avoids the situation where a staff member must speak to a crowd.
- Publicize the open house at least 2 weeks before the event. Send announcements to newspapers, television and radio stations, citizens on the mailing list, and any interested community organizations that publish newsletters.
- Create exhibits and fact sheets to provide background information that enables citizens to ask more informed questions about the site during the open house.
- Include staff who are prepared to discuss technical information in an easy-to-understand manner.

Benefits of an open house

- Allows for one-on-one conversation
- Helps build trust and establishes a rapport between community members and agency staff

Limitations of an open house

- Can require significant staff time for planning and conducting an open house. A low turnout may not justify the effort.

Presentations

A presentation can be a speech to a club, civic or church organization, school class, or similar local audience. Presentations are more effective if they focus on such major milestones as research findings or health recommendations.

Developing a presentation

- Describe the health risk situation.
- Describe how the health risk affects the community.
- Discuss what your organization is doing to alleviate the health risk situation.
- Discuss how citizens can assist your organization and obtain additional information.

- Select materials to support the presentation, such as slides, graphics, and exhibits, that will hold the audience's attention.
- Conduct a trial presentation in front of colleagues and rehearse the presentation as much as possible.

Benefits of a presentation

- Offers the audience a chance to ask questions so the agency can gauge community concerns
- Reaches many people simultaneously, reducing individual inquiries

Limitations of a presentation

- If poorly presented, can distort community members' view of the situation.
- Can only address individual community concerns during a question-and-answer period following the rehearsed presentation; could try people's patience.
- The presenter may face difficult or argumentative questions from community members.

Public meetings

A public meeting is a large meeting open to the public, where experts present information and answer questions, and community members ask questions and offer comments.

Arranging a public meeting

- Create an agenda. Involve citizens in developing the agenda.
- Hold the meeting in a public, comfortable setting that is easily accessible, well lit, and has adequate parking and seating, especially for persons with disabilities.
- Be sensitive to special needs of community members. Consider translations for non-English speakers or sign language for hearing-impaired participants.
- Announce the meeting in local media 2 weeks in advance if possible. Distribute flyers to community members and groups interested in attending. Clarify that the meeting is not a formal public hearing, but rather, a place to exchange information and comments.
- Follow up with media closer to the meeting time to encourage them to attend. Send a "media alert," which contains brief information about the meeting date, time, and topic, and/or make phone calls to key contacts.

Conducting the meeting

- State the purpose of the meeting, then outline the agenda and the procedures for making statements.
- Present preliminary findings and proposed courses of action.
- Distribute materials, including factsheets and other materials, for participants to take home.
- Prepare a transcript of the meeting, make the transcript publicly available, and announce how it can be obtained.

- Allow time for citizens' comments. Include a question-and-answer session. Meetings should last from 1 to 3 hours.
- Consider audio- or videotaping the meeting as a record so you can refer to it to refresh your memory on community concerns, if necessary.

Benefits of a public meeting

- Allows the community to express concerns and the agency to present information

Limitations of a public meeting

- Can intensify conflicts rather than resolve controversies. If public meetings have failed in the past, use an alternative method (e.g., small group meetings or a formal public hearing) to transmit information and obtain feedback.

Small group (or focus group) meetings

At a small group meeting, agency staff share information with interested community members and state and local officials. It is especially useful for informing and keeping in touch with community concerns, answering questions, and clearing up any misconceptions or misunderstandings.

Preparing for a small group meeting

- Identify interested citizens and officials. Contact each citizen, group, or local organization that is directly affected by site activities. Offer to discuss health issues at a convenient time.
- Limit attendance to 5–20 people. If more community members and officials are interested, schedule additional small meetings.
- Decide whether to invite the media. Media presence may intimidate the community. You may want to hold a similar meeting for media only.
- Select a meeting place conducive to two-way interaction. Place chairs in a circle or other informal arrangement.
- Select a date and time that allows for maximum participation. Make sure that the date and time do not conflict with other public meetings, holidays, or other special occasions.

Conducting the meeting

- Ask people to provide contact information so you have a record of who attended.
- Begin with an overview of current and future health-related activities and findings.
- Encourage citizen participation.
- Distribute factsheets and other written information for attendees to take home.
- Follow up on major concerns. Stay in touch with the group and contact newly formed groups.

Benefits of a small group meeting

- Allows two-way interaction with the community

Limitations of a small group meeting

- May require a day or more of staff time to reach only a few citizens.
- May be perceived by community groups as an effort to limit attendance or a tactic to prevent large groups from exerting influence. (Hold additional small group meetings with organizations that express concern about being left out of the process.)
- Irrate groups or individuals may accuse your organization's staff of giving different information to different groups. (Avoid criticism by inviting a cross-section of community representatives to each small group meeting and by keeping a written record.)

Telephone contacts

Telephone contacts are calls to state and local officials and concerned community members, informing them of your organization's activities, finding out who is involved, and gathering information about the event. After this initial contact is made, you may make calls to inform these individuals and monitor the extent of community concerns. Calls also should be made periodically to inform key contacts of any major findings and the progress of activities. Telephone contacts are important to understand community concerns and gather information.

Making telephone contacts

Know exactly what information to request (e.g., additional references, site specifics, or background information) and tailor questions accordingly. Information to solicit from these contacts might include:

- Background on the problem and recovery process
- Recent government activities
- Nature and extent of citizen involvement
- Names, addresses, and telephone numbers of other possible contacts.

b. Develop Message Templates in Advance

Background: Importance of developing message templates in advance

Develop effective risk communication messages during the height of a crisis can be difficult. For public health agencies to prepare for emergency communications in advance, it is important to **anticipate the types of questions that reporters will ask**. Based on research from past emergencies, risk communication expert Vincent Covello Ph.D. divides possible media questions into three different areas, in each of which a reporter will want to know the answers to the classic, “who, what, when, where, why, and how.” The categories include: “What happened? Why did it happen? What are the implications?”

Initial general media questions are likely include:

- Who’s in charge?
- What are you doing for the people who got hurt?
- Is the situation under control?
- What can we expect?
- Why did this happen?
- Why wasn’t this prevented?
- What else can go wrong?
- When did you begin working on this (were notified of this, determined this)?
- What do these data/information/results mean?
- What bad things aren’t you telling us?

Steps for Developing Message Templates

1. List the most likely health issues that will require a communication response from your agency. For example, your agency might need to prepare for communicating about a foodborne illness outbreak or the first human case of West Nile virus in your community. For each health issue, use the most likely questions above to come up with the questions most likely to be asked about that issue.
2. Investigate the availability of material already developed by MDPH. For example, search the MDPH website (www.mass.gov/dph) and/or call the Division of Epidemiology and Immunization at 617-983-6800 to determine the availability of appropriate fact sheets, public health alerts and other materials your agency can use.
3. For each health issue, be prepared to answer all likely questions. Covello suggests developing “message maps” that address each question. A “message map” contains one to three key messages and is anchored by one to three supporting statements. Following is an example of a message map designed for a likely question about smallpox.

Example of Smallpox Message Map

How contagious is smallpox?		
Key Message Fact 1	Key Message Fact 2	Key Message Fact 3
Smallpox spreads slowly compared to measles or the flu	This allows time for us to trace contacts and vaccinate those people who have come in contact.	Vaccination within 3 to 4 days of contact will generally prevent the disease
Supporting Fact 1-1	Supporting Fact 2-1	Supporting Fact 3-1
People are only infectious when the rash appears and they are ill	The incubation period for the disease is 10-14 days	People who have never been vaccinated are the most important ones to vaccinate
Supporting Fact 1-2	Supporting Fact 2-2	Supporting Fact 3-2
It requires hours of face-to-face contact	Resources for finding people are available.	Adults who were vaccinated as children may still have some immunity to smallpox
Supporting Fact 1-3	Supporting Fact 2-3	Supporting Fact 3-3
There are no asymptomatic carriers	Finding people who have been exposed and vaccinating them is the successful approach	Adequate vaccine is on-hand and the supply is increasing

Tools for Developing Message Templates

In the following pages, you will find these tools to help you effectively develop your message templates and work with the media. **To maximize your agency's resources, remember to check with MDPH about the availability of material that has been already developed.**

1. Message Map Template. This is a blank message map that you can use to construct simple, informative answers to the most commonly asked questions during public health emergencies.
2. Initial Media Response and Crisis Communication Lifecycle. Use this information to help your agency respond to inquiries immediately after a public health emergency, and what to communicate as the situation evolves. Contains tips for writing an initial press release and a number of "first statements" to use when first responding about an event.
3. Strategies for Dealing with the Media. Use this information to help your agency understand the pressures the media face during a crisis, and how to create effective working relationships and messages in the height of a crisis.

**REFER to POWERPOINT FILE:
MESSAGE MAP TEMPLATE.ppt**

Initial Media Response and Crisis Communication Lifecycle

Use this information to help your agency respond to inquiries immediately after a public health emergency, and what to communicate as the situation evolves. Contains tips for writing an initial press release and a number of “first statements” to use when first responding about an event.

Initial Media Response

After the situation has been verified and the risk of the event assessed, the designated agency (depending on the situation, it could be the Governor’s Office, MEMA, MDPH, a local board of health, etc.) will need to issue a statement about the situation and hold an initial press briefing. Public health agencies face a difficult dilemma in this situation. In order to maintain credibility with the public and the media and to demonstrate preparedness and competence, it is important to issue an immediate statement. However, complete information may not be available during the first hours of an emergency.

The CDC has developed this outline to use as an initial response to media inquiries.

FOR IMMEDIATE RELEASE

Contact: Name, phone number

Date:

Headline: Primary Message to the Public

We have been notified that **(insert brief description of incident)** and have taken steps to **(insert actions being taken)**. We are working to gather all the facts. Our first concerns are for **(insert staff, clients, family, public, etc.)** and completing a thorough investigation. As soon as we have more comprehensive information, we will make another statement and respond to questions. We appreciate your patience and know that you share our concern to resolve this incident as quickly and effectively as possible.

The CDC has also developed a sample release that could be used after the governor’s initial statement, but before detailed information has been collected and assessed.

At incident site or press availability:

Response to Inquiries (you are authorized to give out the following information)

Date: _____ Time: _____ Approved by: _____

This is an evolving emergency and I know that, just like we do, you want as much information as possible right now. While we work to get your questions answered as quickly as possible, I want to tell you what we can confirm right now:

At approximately, _____ (time), a (brief description of what happened)

At this point, we do not know the number of (persons ill, persons exposed, injuries, deaths, etc.).

We have a system (plan, procedure, operation) in place for just such an emergency and we are being assisted by (police, FBI, EOC) as part of that plan.

The situation is (under)(not yet under) control and we are working with (local, State, Federal) authorities to (e.g., contain this situation, determine how this happened, determine what actions may be needed by individuals and the community to prevent this from happening again).

We will continue to gather information and release it to you as soon as possible. I will be back to you within (amount of time, 2 hours or less) to give you an update. As soon as we have more confirmed information, it will be provided. We ask for your patience as we respond to this emergency.

Source: CDC Public Health Training Network satellite and web broadcast *CDC Responds: Risk Communication and Bioterrorism* December 6, 2001, Barbara Reynolds, CDC Crisis Communication Plan, Draft 1999.

CDC has also developed a number of “first statements” to use with the media to respond to initial media inquiries:

- “We’ve just learned about the situation and are trying to get more complete information now. How can I reach you when I have more information?”
- “All our efforts are directed at bringing the situation under control, so I’m not going to speculate about the cause of the incident.” How can I reach you when I have more information?”
- “I’m not the authority on this subject. Let me have XXXX call you right back.”
- “We’re preparing a statement on that now. Can I fax it to you in about two hours?”
- “You may check our web site for background information and I will fax/e-mail you with the time of our next update.”¹³⁷

In developing initial statements (and all media releases, for that matter), it is important to keep the risk communication principles described above in mind. This involves first considering the audience, purpose of message and method of delivery and then including CDC’s “Six Basic Emergency Message Components”:

1. Expression of Empathy
2. Clarifying facts/Call for Action (who, what, where, when, why, how)
3. What we don’t know
4. Process to get answers
5. Statement of commitment
6. Referrals

The statement should also include resources for additional information and the date and time of the next briefing. The CDC also recommends evaluating the message for:

- Positive action steps

- Honest/Open tone
- Applied risk communication principles
- Simple words, short sentences
- Lack of jargon
- No judgmental phrases, humor or extreme speculation.

Depending on the risk assessment, the public health department will need to decide whether or not to activate the full scope of the risk communication plan, which should include:

- Opening a JIC and determining its hours of operation
- Initiating public response mechanisms such as hotline, web sites, and email communication
- Monitoring press reports and rumors
- Activating web sites with public information about specific biological agents, personal protection mechanisms, phone numbers and email addresses for additional information, and ongoing updates from the MDPH , local health, MEMA or other appropriate entity.¹³⁰

Maintenance

As the emergency continues, your agency should continue and refine the risk communication activities initiated during the initial 48 hours. Additional communications issues will arise; including possible criticism of the way the agency is handling the crisis, new rumors about the situation, and media attention to experts outside of the organization (for example, the D.C. sniper “profilers” who dominated news coverage during the initial days of the shootings).

The CDC recommends that the “maintenance” phase include:

- Help the public more accurately understand its own risks.
- Provide background and encompassing information to those who need it (How could this happen? Has this happened before? How can we keep this from happening again? Will I be all right in the long term—will I recover?)
- Gain understanding and support for response and recovery plans
- Listen to stakeholder and audience feedback and correct misinformation
- Explain emergency recommendations
- Empower risk/benefit decision making

Resolution

As the emergency winds down, public health departments will have an opportunity to focus the public’s attention on preparations for the future. Officials can discuss ways to improve the public’s reaction in the future, evaluate the effectiveness of risk communication strategies and encourage both the public and elected officials to provide additional resources for future emergencies. It is also a good time to evaluate the public and stakeholders’ images of the health department and, where appropriate, indicate the strengths that the agency brought to the crisis.

Evaluation

Finally, after the crisis is over, the agency has the opportunity to conduct a full evaluation of its response to the emergency. This process can involve an internal evaluation as well as discussions with partners and stakeholders to identify strengths and weaknesses of the approach. While this can be a difficult and delicate process, it will help the department identify problem areas, mend and/or improve relationships with stakeholders, partners, and the public, and build confidence that it will be better prepared for the next emergency.

Strategies for Dealing With the Media

Use this information to help your agency understand the pressures the media face during a crisis, and how to create effective working relationships and messages in the height of a crisis.

Once your agency begins to release information, it will be important to consider the following suggestions for dealing with the media.

1. Understand the media's needs and pressures it is facing.

It is easy to see the media as an adversary during an emergency, especially if it appears that news outlets are not reporting on the issue responsibly. At the same time, mass media is one of the best ways to communicate directly with the public in a crisis. In order to maintain good relationships with the media, staff members taking calls should find out a reporter's name, media outlet, deadlines, and type of information the person is seeking. Whenever possible, a representative from your agency should answer all media calls within 30 minutes.

2. Refrain from answering any questions involving criminal investigations related to an emergency.

Public health officials should refer questions related to such issues to law enforcement personnel. This is because inappropriate response in a public setting or to the media can jeopardize criminal investigations or subsequent trials.

3. Develop a clear goal for every interview/briefing and stayed focused on the message.

While a spokesperson is talking with a reporter(s), it is important to remember that the real audience is members of the public. Media interviews allow your agency's spokespeople to provide the public and providers with key information about what they should do during the emergency. While positively focusing on key messages, it is also important to avoid being painted into a corner. By repeating a hostile or misinformed inquiry, spokespeople run the risk of being quoted as if they had asserted the question as fact. Instead, restate "loaded" questions.

4. Avoid the appearance of concealing information.

Reporters are attuned to signs of a cover-up and will look for evidence of one if your actions suggest that your agency is not releasing all available information. Explain to the media if a certain issued cannot be discussed in public. This also means that it is important not to misinform the media deliberately.

c. Draft Fact Sheets, Questions and Answers, Talking Points, and Other Supplementary Materials for Potential Scenarios

Background: Developing Informational Materials and Messages

Your agency needs to anticipate the response to a bioterrorist attack or other public health emergency. You should consider creating “an information stockpile” of materials that will help members of the public deal with a public health emergency. Information should cover general information about infectious diseases that explain routes of transmission, vaccination, infection control procedures people can use at home, sanitation and the care of seriously ill people.

In many cases, you will not have to develop material on your own. To maximize your agency’s resources, check with MDPH (www.mass.gov/dph or 617-983-6800) about the availability of fact sheets, talking points, public health alerts and other appropriate material your agency can use. In addition, the CDC has identified six of the mostly biological agents that could be used in a terrorist attack (Anthrax, Botulism, Plague, Smallpox, Tularemia, and Viral hemorrhagic fevers). Its web site, www.bt.cdc.gov, provides a great deal of information about each one, including diagnosis and treatment information.

Steps for Developing Informational Materials and Messages

1. In developing information for each target audience, consider these four key issues:

- The reason for conducting the communications
- The behaviors of the target audience the message is intended to influence
- The knowledge of the target audience that the message is intended to influence
- The attitudes of the target audience that the message is intended to influence

The CDC recommends using the following five points in developing messages for the public:

- Increase the expected gains
- Decrease the expected costs
- Increase the present social pressure (i.e. influence behavior through social pressure)
- Improve the individual’s ability to act
- Decrease the desirability of competitive alternative actions

2. Develop messages for the general public that are short, concise and focused. They should be written at a 6th grade reading level. Some word processing programs can evaluate a document’s reading level and the CDCynergy risk communication web site includes instructions to use the “SMOG Readability Formula” as a test as well.

After developing the materials it is critical to test their clarity, usefulness, and ability to motivate people to take action. This process will involve stakeholders in the planning process and help

cement relationships with that will be critical to the success of the risk communication plan during an emergency.

3. **Since a great deal of information already exists,** look for existing information and edit messages to meet specific audiences. Health care providers will need different information from members of the general public. People with disabilities or non-English speakers and other special populations will also require carefully tailored message.